

DATE: 08/28/2008

DOCUMENT ID
200824002222 DESCRIPTION
ANNUAL REPORT OF PROFESSIONAL
CORP (08A)

PENALTY

CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

CHESTER WILLCOX & SAXBE LLP ATTN: ELIZABETH MCCARTHY 65 E. STATE ST, SUITE 1000 COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

811882

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THOMAS EVAN MORGAN & ASSOCIATES CO., L.P.A.

and, that said business records show the filing and recording of:

Document(s)

ANNUAL REPORT OF PROFESSIONAL CORP

Document No(s):

200824002222



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of August, A.D. 2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

(CHECK ONLY ONE (1) BOX)

Expedite	this Form: (Select One)
Mail Form	to one of the Following:
○ Yes	PO Box 1390 Columbus, OH 43216
*** Requ	tires an additional fee of \$100***
○ No	PO Box 788

(indicate year) Biennial Report

Columbus, OH 43216

BIENNIAL REPORT

(For Domestic or Foreign Profit) Filing Fee \$25.00

(2)

THELL	NDERS	GNED	DESIRI	NG:	TO I	FILE	Δ.

(1) 2008 (indicate yr) Biennial Report of Professional

Corporation (even-numbered years, beginning in 2002)	of Registered Partnership Having Limited Liability
List Profession Practice of Law (102-YRA)	(odd-numbered, beginning in 2003) (103-YRL)
Complete ALL of the general information in this section for the DO HEREBY STATE THE FOLLOWING:	box checked above.
DO HEREBY STATE THE POLLOWING.	
Name of Entity Morgan & Justice Co., LPA	
Charter or Registration No. 811882	
Check here if additional provisions are attached	SU 2008
Complete the information in this section if box (1) is checked. Shareholders of Professional Corporation Authenticating this form constitutes a certification that all of the below listed st to render the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the professional services in this state in the practice that is listed about the practice that is listed about the professional services in this state in the practice that is listed about the practice that	SECRET 2008 AUG
Complete the information in this section if box (1) is checked.	PVIII
Shareholders of	8 - 30
Professional Corporation	
Authenticating this form constitutes a certification that all of the below listed sl	nareholders are duly licensed or otherwise legative authorized
to render the professional services in this state in the practice that is listed above.	nareholders are duly licensed or otherwise legathy authorized sove.
Names & Addresses NOTE: P.O. Box Addresses are NOT	acceptable.
Thomas Evan Morgan, 906 East Broad Street, Columbus, Ohio	43205
Stewart Justice, 906 East Broad Street, Columbus, Ohio 43205	5

520

Page 1 of 2

Last Revised: May 2002

520

	Partnership's principal Office in	T Officials						
	(Street)	(Street) NOTE: P.O. Box Addresses are NOT acceptable.						
				Ohio	(7:04)			
	(City)		(County)	(State)	(Zip Code)			
3) The Address of the I	Partnership's Office is							
	(Street)	NOTE: P.O.	NOTE: P.O. Box Addresses are NOT acceptable.					
	(City)		(County)	(State)	(Zip Code)			
ist Nature of Business								
Name and Address of	(Name)							
Agent (if applicable)								
	(Street)	NOTE: P.O. Box Addresses a						
	(City)		(County)	Ohio (State)	(Zip Code)			
REQUIRED Must be authenticated (signed) by a authorized	Vaomas C	Marai	m	du	ly 1, 2008			
representative (See Instructions)	Authorized Representative			Date				

Page 2 of 2

Last Revised: May 2002